PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

06W-0273

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			L				RAT	F	FEE		RATE	FEE.
FOR			NUMBER FILED		NUMBER EXTRA		BASIC			OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			16 minus 20=		* 0		X\$ 9)=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* 9		X42	=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+140)=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in			column 2	TOT	۸L		OR	TOTAL	750
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)		(Colur		(Column 3)	SMA	LL I	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= ·	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	X42	=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		+140)=		OR	+280=	
								TAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT. I	-EE		•	ADDII. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9) =	:	OR	X\$18=	
	Independent	*	Minus	***		=	X42	=		OR	X84=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
					•		+140			OR	+280=	
							TO ADDIT. I	TAL EE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X42				X84=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			OR		
* If the certry in column 1 is less than the certry in column 2 write "0" in column 2										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		ımber Previously F nber Previously Pa							propriate bo	x in co		